

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000101931

FILED
Mar 04, 2008
Secretary of State

Entity Name: AFFORDABLE INSURANCE GROUP OF BAY COUNTY, INC.

Current Principal Place of Business:

P.O. BOX 16387
2102 WEST 11TH STREET
PANAMA CITY, FL 32406

New Principal Place of Business:

2102 WEST 11TH STREET
PANAMA CITY, FL 32401

Current Mailing Address:

1813-D CREIGHTON ROAD
PO BOX 11156
PENSACOLA, FL 32524

New Mailing Address:

4321 LAMIRAGE
PENSACOLA, FL 32504

FEI Number: 59-3543951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DYESS, VIRGINIA L
1813-D CREIGHTON ROAD
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

DYESS, VIRGINIA L
4321 LAMIRAGE
PENSACOLA, FL 32504 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: VIRGINIA L DYESS

03/04/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: DYESS, VIRGINIA L
Address: 4321 LAMIRAGE
City-St-Zip: PENSACOLA, FL 32504

Title: DVP (X) Delete
Name: DYESS, DAVID L
Address: 4321 LA MIRAGE DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: DV () Delete
Name: DEMARS, CHARLES E
Address: 1415 BUENA VISTA BLVD
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DYESS, VIRGINIA L
Address: 4321 LAMIRAGE
City-St-Zip: PENSACOLA, FL 32504

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: DEMARS, CHARLES E
Address: 1415 BUENA VISTA BLVD
City-St-Zip: PANAMA CITY, FL 32401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA L DYESS

PRES

03/04/2008

Electronic Signature of Signing Officer or Director

Date